

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 00678 201

### 1. PLACE OF DEATH:

County Kent Co  
City or town Lynch md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 months  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)  
State Maryland County Kent  
City or town Lynch and  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. (If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3. (a) FULL NAME

Harry Clay Casey

### 3. (b) Social Security Number

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife. 5. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1860.

8. AGE: Years 85 Months 6 Days 17 If less than one day hrs. min.

9. Birthplace Bellevue Co  
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Sarah C Casey

13. Birthplace Bellevue Co

14. Maiden name Annie Snider

15. Birthplace Bellevue Co

16. Informant Mrs Frank Jones

Address Lynch md

17. Still Pond Date thereof Jan 15 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Still Pond

Location Still Pond md

18. Funeral director B R Wellows

Address Still Pond md

19. Jan 15 19 46  
(Date rec'd by registrar) Registrar J H Leach

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1946 at 12 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1945 to Jan 12 1946

and that I last saw him alive on Jan 12 1946

Immediate cause of death Arterio sclerosis

DURATION

2  
1

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Gimpers M. D. or other

Address Christiansburg Date signed 12 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 24 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89a

## CERTIFICATE OF DEATH

00679

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County... Kent  
 City or town... Chestertown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... lifetime  
 Hospital, institution, or street address where death occurred:  
Cannon St.  
 How long in hospital or institution?...

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... Kent  
 City or town... Chestertown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Cannon  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

Lawyer Henson Chambers

## 3. (b) Social Security Number

216-14-2833

4. Sex... male 5. Color or race... colored 6.(a) Single, married, widowed, or divorced... married  
 6.(b) Name of husband or wife... Mary Chambers  
living 6.(c) If alive, give age... years  
 7. Birth date of deceased (mo., day, yr.)... 1878  
 8. AGE: Years... 67 Months... ? Days... ? If less than one day... hrs. ... min.

9. Birthplace... Kent Co. Maryland  
 (Town, county, and state)

10. Usual occupation... laborer

11. Industry or business

12. Name... John Chambers

13. Birthplace... Kent CO. Md.

14. Maiden name... Liza Chambers

15. Birthplace... Kent Co. Md.

16. Informant... Mary Chambers (wife)

Address... Cannon St. Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof... Jan. 18, 1946  
 (month) (day) (year)

Cemetery or crematory... Fairlee (Colored) Cem.

Location... Fairlee Kent Co. Maryland

18. Funeral director... J. Willis Wells

Address... Chestertown, Maryland

19. Date rec'd by registrar... Jan. 16, 1946 Registrar... Clara L. Barnes

## MEDICAL CERTIFICATION

20. DATE OF DEATH... Dec 15, 1946 at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1, 1946 to Dec 1, 1946 and that I last saw him alive on Jan 1, 1946

Immediate cause of death... Coronary Thrombosis DURATION

Due to...

Due to...

Other conditions...

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE... J. H. Wells M. D. or other

Address... Date signed... 1/16/46

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RECEIVED  
JAN 18 1946  
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00680

Reg. Dist. No. 2020

## 1. PLACE OF DEATH:

County Kent  
 City or town Charleston  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? whole life  
 Hospital, institution, or street address where death occurred:  
111 S. College Ave.  
 How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent  
 City or town Charleston  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 111 S. College Ave.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war —

## 3. (a) FULL NAME

Mary Elizabeth Crouch

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife Albert S. Butler Crouch  
 7. Birth date of deceased (mo., day, yr.) Dec 27, 1857 6. (c) If alive, give age 72 years  
 8. AGE: Years 88 Months 0 Days 29 If less than one day — hrs. — min.

9. Birthplace Delaware  
 (Town, county, and state)  
 10. Usual occupation housewife  
 11. Industry or business —  
 12. Name Henry Le Compte  
 13. Birthplace Delaware  
 14. Maiden name Mary Ellen Vashack  
 15. Birthplace Delaware

16. Informant Bertie Crouch (husband)  
 Address @ Charleston  
 17. Burial Burial Date thereof 1/27/46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory St. Paul  
 Location Queen Fairlie Kent Co. Md  
 18. Funeral director Wm. V. Williams  
 Address Charleston, Maryland

19. Date rec'd by registrar Jan 27, 1946 Registrar Chas. A. Bennett

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1946, at 8:00 M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11, 1946 to Jan 25, 1946  
 and that I last saw her alive on Jan 25, 1946  
 Immediate cause of death Acute Myocarditis  
 Due to Chronic Bronchitis  
 Other conditions Arteriosclerosis  
 (Include pregnancy within 3 months of death)

## DURATION

5 days

Major findings of operations — Date of op. —  
 Autopsy results —  
 PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide — Date of —  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) —  
 Means of injury — Injured at work? —

23. SIGNATURE Frank N. Smith M. D. or other —  
 Address Charleston Date signed 1/25/46

RECEIVED  
JAN 29 1946  
BUREAU V B



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

## CERTIFICATE OF DEATH

00681

Reg. Dist. No. 202

### 1. PLACE OF DEATH:

County Kent  
City or town Chesterstown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 16 months  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent  
City or town Chesterstown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. West Street  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3.(a) FULL NAME

Elizabeth Frazier Davis

### 3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced widow  
6.(b) Name of husband or wife Hunter Davis  
7. Birth date of deceased (mo., day, yr.) May 19 1867 6.(c) If alive, give age \_\_\_\_\_ years  
8. AGE: Years 78 Months 8 Days 12 hrs. \_\_\_\_\_ min.

9. Birthplace Kent Co. Md  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Boris Fowler

13. Birthplace Kent Co. Md

14. Maiden name Harriet Frazier

15. Birthplace Kent Co. Maryland

16. Informant Miss Helen Fowler

Address Chesterstown Md

17. BURIAL Date thereof FEB 2 1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CONFEDERATE CEMETARY

Location FREDERICKSBURG VA.

18. Funeral director J. Wells Wells

Address Chesterstown, Md.

19. Feb 1 19 46 Anna S. Barnes  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 19 46 at 11:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 19 45 to Jan 30 19 46

and that I last saw her alive on January 31 19 46

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Carcinoma of Breast 6 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Metastases into Metastases 4 mo

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank W Smith M. D. or other \_\_\_\_\_

Address Chesterstown Date signed 2/31/46

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPOTTISYLVANIA Co.

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

FEB 3 1946

BUREAU V.A.





# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

**Example II**

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: Kent  
 County Chestertown  
 City or town Chestertown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
Kent and Queen Anne's Hospital  
 How long in hospital or institution? 33 days

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Kent  
 City or town Chestertown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Queen Street  
 (If rural, give LOCATION)  
 2.(a) if veteran, name war

3. (a) FULL NAME  
Esther M Dole

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Arthur L. Dole

7. Birth date of deceased (mo., day, yr.) MAY 24, 1883 6. (c) If alive, give age years

8. AGE: Years 62 Months 7 Days 17 It less than one day hrs. min.

9. Birthplace Chicago, Ill.  
 (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

12. Name Edward K. Mohr

13. Birthplace Pennsylvania

14. Maiden name Alice Eldridge

15. Birthplace Dwight, Ill.

16. Informant Hosp. Records  
 Address Chestertown, Md.

17. Burial Date thereof 1/14/46  
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Manteno, Ill.

Location Manteno, Kankakee Co., Ill.

18. Funeral director Wm. L. Williams

Address Chestertown Kent. Co. Md.

19. Jan. 12, 1946 Clara S. Barnes  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1946 at 12<sup>55</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-9 1945, to 1-10 1946

and that I last saw him/her alive on 1-9 1946

Immediate cause of death Metastatic carcinoma

Due to Carcinoma of breast

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Major findings at operation Carcinoma of left breast

Date of op. Jan. 1, 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

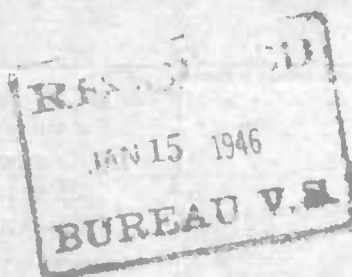
23. SIGNATURE Ac. Sick, M.D.  
 Address Chestertown, Md. Date signed 1-10-46

DEPARTMENT OF HEALTH

OFFICE OF THE ASSISTANT SECRETARY

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 203

## 1. PLACE OF DEATH:

County... Kent  
 City or town... Rock Hall  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... life  
 Hospital, institution, or street address where death occurred: -  
 How long in hospital or institution?... -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Kent  
 City or town... Rock Hall  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... Main St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war... -

## 3. (a) FULL NAME

Walter Francis

## 3. (b) Social Security Number

4. Sex... Male 5. Color or race... white 6.(a) Single, married, widowed, or divorced... married  
 B.(b) Name of husband or wife... Mae Francis  
 7. Birth date of deceased (mo., day, yr.)... Nov 5 1868 6.(c) If alive, give age... 62 years  
 8. AGE: Years... 77 Months... 2 Days... 13 If less than one day... hrs. min.

B. Birthplace... Kent Co., Md.  
 (Town, county, and state)  
 10. Usual occupation... farming  
 11. Industry or business... retired  
 12. Name... Wm. P. Francis  
 13. Birthplace... not known  
 14. Maiden name... Louvenia  
 15. Birthplace... not known  
 16. Informant... Mrs. Mae Francis  
 Address... Rock Hall, Md.

17. BUREAL Date thereof... JAN 21 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory... St. Paul, Cem.  
 Location... New Chester town KENT CO. M.D.  
 18. Funeral director... J. Willis Wells  
 Address... Bhlestertown, Md.  
 19. Jan 19 19 46 S. Edward Burgess  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... January 18 19 46 at 10<sup>05</sup> P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17 19 46 to Jan 18 19 46  
 and that I last saw him alive on 1-17 19 46

Immediate cause of death... acute cardiac failure  
chron. pulm. - Inflammation  
Hypertension  
 Due to...  
 Due to...  
 Other conditions...  
 (Include pregnancy within 3 months of death)

Major findings of operations...  
 Date of op...  
 Autopsy results...  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide... Date of...  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?

23. SIGNATURE... Albert H. Burgard  
Rock Hall, Md. M. D. or other  
 Address... Date signed 1/18/46

RECEIVED

JAN 22 1946

BUREAU V.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 203

## 1. PLACE OF DEATH:

County Kent  
 City or town Piney Neck Rock Hall  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 2 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Kent  
 City or town Rock Hall, Md.  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Margaret A. Hogan

## 3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife JAMES D. HOGAN

7. Birth date of deceased (mo., day, yr.) 1881 5. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace BALTIMORE CITY, Md  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unk. SHEEHAN13. Birthplace Unk.14. Maiden name Unk.15. Birthplace Unk.16. Informant Mrs. A. Romie TaylorAddress Rock Hall, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof FEB 1, 1946  
 (month) (day) (year)

Cemetery or crematory New Cathedral Cem.Location Baltimore City, Md.18. Funeral director J. Willis WellsAddress Chestertown, Md.

19. Jan 28 19 46 S. Woodruff  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 19 46 at home

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_

\_\_\_\_\_ and that I am a duly licensed physician.

I am a duly licensed physician.

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RECEIVED  
JAN 31 1946  
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of  
approximate age of deceased  
is shown on

FILM No. I 00 JAN 18 1946

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 203

### 1. PLACE OF DEATH:

County Kent

City or town Rock Hill  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Kent

City or town Rock Hill, Md.  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

### 3. (a) FULL NAME

Sam Holmes

### 3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age years

8. AGE: Years 45 Months Days If less than one day  
hrs. min.

9. Birthplace Scotland  
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial Date thereof Jan 4-1946  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Rock Hill

18. Funeral director Edgar L. Lane

Address Clunch Hill Md.

19. 1/4 19 46 8 Edward Bingham  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH January 10-1946 at 2 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

Farinal death

Due to Chronic degeneration of R. Leg.

Due to Progressive Hemiparesis Hospital

Other conditions Cardiac disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Residence

Means of injury Injured at work Medical Examiner

23. SIGNATURE Frank W. Lusk

M. D. or other

Address Chesapeake

Date signed 1/1/46

RECEIVED

JAN 7 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (5)

## CERTIFICATE OF DEATH

Reg. Dist. No. 200

00687

## 1. PLACE OF DEATH:

County Trent  
 City or town Wilmington, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? about 3 months  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County KENT  
 City or town  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Gene Strong Painter

## 3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow  
 6. (b) Name of husband or wife Warren J. Painter  
deceased 8. (c) If alive, give age \_\_\_\_\_ years  
 7. Birth date of deceased (mo., day, yr.) 7-1-1868  
 8. AGE: Years 77 Months 6 Days 27 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace near Rock Hall, Kent Co. Md.  
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

12. Name T. Paula Strong

13. Birthplace Kent Co. Maryland

14. Maiden name Charlotte Wicker

15. Birthplace Kent County, Md.

16. Informant Mrs. Harriet Painter Sister

Address Wilmington, Maryland

17. Burial Date thereof 1-31-46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location Chestertown, Md. - near

18. Funeral director J. Willis Wells

Address Chestertown, Md.

19. Jan. 30 19 46 Edward T. Fellers Deputy  
 (Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 19 46 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 30 19 45, to Jan. 28 19 46  
 and that I last saw him alive on Jan. 28 19 46

Immediate cause of death Carcinoma of Stomach & Bowel DURATION 2 years

Due to Carcinoma of Bowel 19 40

Due to

Other conditions Chronic of the Lungs 4 months

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harriet Painter M. D. or other

Address Wilmington, Md. Date signed Jan. 29/46

RECEIVED TO THE NATIONAL ARCHIVES

RECEIVED TO THE NATIONAL ARCHIVES

RECEIVED  
FEB 2 1946  
BUREAU V.S.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1248

## CERTIFICATE OF DEATH

Reg. Dist. No. 200

### 1. PLACE OF DEATH:

County Kent Co  
City or town Massy  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 9 mo 9 months  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County Kent Co  
City or town Massy  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2(a) If veteran, name war

### 3. (a) FULL NAME

Herman Starkey

### 3. (b) Social Security Number

22-12-7433

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Charles M. Starkey

7. Birth date of deceased (mo., day, yr.) Apr 27 1887 8. (c) If alive, give age years

8. AGE: Years 58 Months Days If less than one day

9. Birthplace Th. Frederick  
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name Bur. & Starkey

13. Birthplace Indy, Ind.

14. Maiden name Lucy George W.

15. Birthplace Indy, Ind.

16. Informant Edw. Starkey

Address Newport, Del.

17. (Burial, cremation, or removal. Which?) Burial Date thereof Jan. 13, 1946  
(month) (day) (year)

Cemetery or crematory Templeville, Md.

Location Templeville, Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md.

19. (Date rec'd by registrar) Jan. 12 1946 Edward F. Lewis Deputy Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Jan Dec 10 19 46 at 59 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 24 19 45 to Dec 10 19 46

and that I last saw him alive on July 8 19 46

Immediate cause of death Old fracture of lamella with loss of joint surface

Due to fracture of lamella

Due to Circulation of brain

Other conditions Ch. Hy vessel

(Include pregnancy within 3 months of death)

Major findings of operations

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. W. Upsteele M. D. or other

Address Frederick, Md. Date signed 1/10/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 2 1946

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

00689

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County.....Kent

City or town.....Chestertown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

W. High Street

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Maryland County.....KentCity or town.....Chestertown  
(If outside city or town limits, write RURAL and give nearest town)Street No.....W. High Street  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Pilla Mae Townsend

## 3. (b) Social Security Number

—

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

June 9 1926

8. AGE:

Years

Months

Days

If less than one day

1978

.....hrs. ....min.

9. Birthplace.....

Quaker Neck Kent Co. Md.  
(Town, county, and state)

10. Usual occupation.....

Miner

11. Industry or business.....

FATHER

12. Name.....

George W. Townsend

13. Birthplace.....

Kent Co. Maryland

MOTHER

14. Maiden name.....

Addie F. Fithian

15. Birthplace.....

Kent Co. Maryland

18. Informant.....

Mr. George W. Townsend (father)

Address.....

Chestertown, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof.....

1/19/46  
(month) (day) (year)

Cemetery or crematory.....

Chestertown

Location.....

Chestertown Kent Co. Maryland

18. Funeral director.....

Wm. V. Williams

Address.....

Chestertown Maryland

19.

(Date rec'd by registrar)

Jan. 19 1946Clara L. Barnes

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....January 17 1946 at 1:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 201944to Jan. 171946

and that I last saw him.....live on.....

Jan. 101946

Immediate cause of death.....

Chronic adhesion pericarditis

DURATION

6 years

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

A. C. Dick, M.D.

M. D. or other

Address.....

Chestertown, MdDate signed 1-17-46

RECEIVED  
JAN 22 1946  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 201

## 1. PLACE OF DEATH:

County KentCity or town Kennedeville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Kennedeville Md  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Selina Trowell

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 15 1858 8.(c) If alive, give age \_\_\_\_\_ years8. AGE: Years 87 Months 8 Days 7 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace unknown  
(Town, county, and state)10. Usual occupation retired11. Industry or business unknown12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Earl NicholsonAddress Kennedeville Md.17. (Burial, cremation, or removal, Which?) Burial Date thereof Jan 21 1946  
(month) (day) (year)Cemetery or crematory Fernwood CemeteryLocation Fernwood Hill Co. Pa.18. Funeral director B.R. FellowsAddress Still Pond Rd.19. (Date rec'd by registrar) Jan 19 1946 J.H. Clark Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1946 at 7:30 P21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 10 1946 to January 16 1946and that I last saw her alive on January 16 1946Immediate cause of death Acute Myocarditis

Due to \_\_\_\_\_

Due to Coronary Vascular

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work \_\_\_\_\_

23. SIGNATURE Frank W. Smith M. D. or otherAddress Chesapeake Date signed 1/17/46

RECEIVED  
JAN 24 1946  
BUREAU V. E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 72-2

## CERTIFICATE OF DEATH

Reg. Dist. No. 202

## 1. PLACE OF DEATH:

County Kent  
 City or town Chester town  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years  
 Hospital, institution, or street address where death occurred:  
Kent and Queen Anne's

How long in hospital or institution? 3 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County KENT  
 City or town CHESTERTOWN  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

RAYMOND BLUNT WALTERS

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) JAN. 9, 1939

8. AGE: Years 7 Months \_\_\_\_\_ Days 14 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace STARV. QUEEN ANNE'S MARYLAND  
 (Town, county, and state)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name JOSEPH E. WALTERS (ADOPTED)

13. Birthplace MARYLAND

14. Maiden name MARTHA BLUNT (ADOPTED)

15. Birthplace MARYLAND

16. Informant HOSPITAL RECORDS

Address CHESTERTOWN

17. BURIAL Date thereof JAN 25, 1946  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CHESTER.

Location CHESTERTOWN, MD.

18. Funeral director W. Willis Wells

Address Chester town, md

19. Jan. 24, 1946 Clara S. Barnes.  
 Date rec'd by registrar Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1946 at 6<sup>40</sup> A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20, 1946 to Jan 23, 1946 and that I last saw him alive on January 23, 1946

Immediate cause of death Essential thrombocytopenic purpura DURATION 5 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Extensive mucous membrane hemorrhage Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE A. C. Dick M. D. or other \_\_\_\_\_

Address Chester town, Md. Date signed 1-23-46

UNITED STATES DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

RECEIVED

JAN 26 1946

BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 902

## 1. PLACE OF DEATH:

County... Kent  
 City or town... Chestertown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?... Nearly 2 days  
 Hospital, institution, or street address where death occurred:  
 Kent & Queen Anne Hospital  
 How long in hospital or institution?... 1 day 23 hrs 20 min

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... Maryland County... Kent  
 City or town... Chestertown R70 #3  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. ....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war .....

## 3. (a) FULL NAME

## 3. (b) Social Security Number

4. Sex... Female  
 5. Color or race... White  
 6. (a) Single, married, widowed, or divorced... Single  
 6. (b) Name of husband or wife.....  
 6. (c) If alive, give age..... years  
 7. Birth date of deceased (mo., day, yr.)... 1 - 26 - 46  
 8. AGE: Years Months Days It less than one day  
 2 hrs. min.

9. Birthplace... Chestertown Kent Maryland  
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name... Charles Edward Wood

13. Birthplace... Purdy Missouri

14. Maternal name... Anna Marie Licht

15. Birthplace... Chestertown Maryland

16. Informant... Hospital Record

Address... Chestertown Md

17. Burial... Date thereof... 1 - 29 - 46  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Chester

Location... Chestertown Maryland

18. Funeral director... J. H. H. H. H. H.

Address... Chestertown Maryland

19. Jan. 29, 1946 Clara S. Barnes, Registrar

Date rec'd by registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH... January 28, 1946 at 1:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 26, 1946 to January 28, 1946

and that I last saw him alive on January 28, 1946

Immediate cause of death... 6 month pregnancy

Other conditions.....

Due to... 6 months

Due to.....

Other conditions.....

Due to.....

Other conditions.....

Due to.....

Other conditions.....

Due to.....

Other conditions.....

Due to.....

Other conditions.....

Due to.....

Other conditions.....

Due to.....

Other conditions.....

Due to.....

Other conditions.....

Due to.....

Other conditions.....

RECEIVED  
JAN 31 1946  
BUREAU V.R.

RECEIVED  
JAN 31 1946  
BUREAU V.R.